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DE RUEHJA #0903 1281009

ZNR UUUUU ZZH

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FM AMEMBASSY JAKARTA

TO RUEHC/SECSTATE WASHDC PRIORITY 8933

RUEHPH/CDC ATLANTA GA

INFO RUEAUSA/DEPT OF HHS WASHINGTON DC

RUEAWJB/DOJ WASHDC

RUEHRC/USDA FAS WASHDC

RHEHNSC/NSC WASHDC

RUEHZS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS

RUEHGV/USMISSION GENEVA 7772

UNCLAS JAKARTA 000903

SIPDIS

SENSITIVE

DEPT FOR EAP/MTS, G/AIAG, L/DL, EAP/EX, AND OES/IHA

USAID FOR ANE/CLEMENTS AND GH/CARROLL

DEPT ALSO PASS TO HHS/WSTEIGER/ABHAT/MSTLOUIS AND HHS/NIH

DEPT ALSO PASS TO DOJ for OFL

GENEVA FOR WHO/HOHMAN

USDA/FAS/OSTA BRANT, ROSENBLUM

USDA/APHIS ANNELLI

E.O. 12958: N/A

TAGS: [TBIO](#) [EAGR](#) [AMGT](#) [PGOV](#) [ID](#) [KLIG](#)

SUBJECT: SAMPLE SHARING IMPASSE CREATES ADDITIONAL HEALTH RISKS

11. (SBU) Summary. International public health officials are focusing on the risks associated with Indonesia's refusal to share avian influenza (AI) virus samples. Minister of Health Siti Fadilah Supari's policies are damaging surveillance studies for other emerging diseases and related scientific research. Current policies impair surveillance studies for seasonal flu, diarrhea, dengue fever, and other tropical diseases by barring NAMRU-2 from isolating viruses or sending samples to international collaborators including the World Health Organization (WHO) Collaborating Centers for Influenza. This is having a direct impact on risk assessment development of vaccines for seasonal influenza. We should continue to negotiate in good faith with the Indonesians to resolve the avian influenza sample sharing impasse. But stronger actions by the international community may be necessary if sample sharing is not resolved over the next two months. End Summary.

IMPACT FROM CURTAILMENT OF NAMRU-2 SAMPLES

12. (SBU) Since August 1999, NAMRU-2 has collaborated with a network of hospitals to conduct surveillance for patients with influenza-like illness (ILI). Funded by US Centers for Disease Control (CDC) and the Department of Defense (DOD) Global Emerging Infections Surveillance System, the program aims to characterize emerging and newly emerging strains of influenza and to build local capacity to monitor patients with ILI. NAMRU shares information gathered with the WHO Global Influenza Surveillance Network (GISN) to make recommendations on composition of the annual tri-valent influenza vaccine. Even with the best possible influenza vaccines, experts estimate that seasonal influenza kills approximately 250,000-500,000 people annually worldwide, including 40,000-50,000 Americans.

13. (SBU) Since its inception, NAMRU-2 partner facilities have been sending flu samples from approximately 500 patients per month to NAMRU-2 for analysis and viral isolation. NAMRU-2 sends results to partner facilities and the Indonesian National Institute of Health Research and Development (NIHRD). Prior to the sample sharing impasse, NAMRU-2 shipped isolated flu viruses to the CDC for additional characterization. Between 2004 and 2008, over 15,000 patients were screened and 676 viruses were shipped to the CDC. Since the impasse, 842 seasonal influenza viruses remain partially characterized at NAMRU-2, but not shipped outside of Indonesia.

14. (SBU) Under the new policy, NAMRU-2 no longer receives any biological samples. This means NAMRU-2 can no longer analyze or

ship the estimated 400 per month diarrhea samples or 500-600 per month dengue samples it has in the past.

Two Month Negotiations

15. (SBU) With implementation of the Minister Supari's policies, the global community is blind to newly-emerging diseases that arise in Indonesia, including novel seasonal flu strains, drug-resistant tuberculosis (Indonesia is #3 in the world for tuberculosis), or the re-emergence of SARS. The Minister's approach of making all biological samples subject to restrictions on further commercial use brings the concept of open collaboration on public health to an end and is a threat to global health security. As long as only Indonesia takes this stance on sample sharing, the risks are serious but contained. But if other nations turn away from the obligation to share disease samples on timely basis, the risks to international public health could become grave.

HUME